

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ MAY 16 2019 ★

BROOKLYN OFFICE

Gregory Washington

19 CV 0601 CM

(Include case number if one has been assigned)

Write the full name of each plaintiff.

-against-

AMENDED  
COMPLAINT  
(Prisoner)

Do you want a jury trial?

☐ Yes ☒ No

ALI- JANE DOE  
P.R.S.- JUDY DOE

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

S.D. OF N.Y.

2019 MAY 30 PM 12:53

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NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: 5-30-19

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Gregory G. Washington  
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-1807162

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

RNDC 11-11 Hazen St C-74  
Current Place of Detention

11-11 Hazen St  
Institutional Address

East Elmhurst N.Y. 11370  
County, City State Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>JANE</u>	<u>DOE</u>	
First Name	Last Name	Shield #
<u>Current Job Title (or other identifying information)</u>		
<u>Rikers Island PAROLE office, West Facility</u>		
<u>Current Work Address</u>		
<u>EAST Elmhurst</u>		
<u>1606 HAZEN St. N.Y.</u>	<u>11370</u>	
County, City	State	Zip Code

Defendant 2:

<u>Judy</u>	<u>DOE</u>	
First Name	Last Name	Shield #
<u>Current Job Title (or other identifying information)</u>		
<u>Rikers Island PAROLE office, West Facility</u>		
<u>Current Work Address</u>		
<u>1606 HAZEN St.</u>		
<u>EAST Elmhurst</u>	<u>N.Y.</u>	<u>11370</u>
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
<u>Current Job Title (or other identifying information)</u>		
<u>Current Work Address</u>		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
<u>Current Job Title (or other identifying information)</u>		
<u>Current Work Address</u>		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Rikers Island Parole office, West Facility,  
1606 Hazen St, East Elmhurst N.Y. 11370

Date(s) of occurrence: 12-14-17 - 12-29-17

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Gregory Washington the plaintiff had a maximum expiration date of parole set for 10-21-17. He stopped reporting to parole as of Oct 4, 2017 which would leave him with 17 days on parole. He then was arrested Dec. 2, 2017 for petty larceny in which he received time served. On Dec 4, 2017 he was presented with a parole violation. He waived his preliminary hearing and a final hearing was set for Dec 14, 2017. At the final hearing which convened on 12-14-17 by Administrative Law Judge (ALJ) Jane DOE and Parole Revocation Specialist Judy DOE along with plaintiff's Attorney John DOE and Gregory Washington the following occurred: Said final hearing on 12-14-2017 was adjourned by P.R.S. Judy DOE and ALJ-JANE DOE until 12-29-17 with the Abbreviation C.D.M.E which means Cancel Delinquency maximum Expiration. Plaintiff's Attorney John DOE stated on record to Administrative law judge "you can't do that" Jane DOE's response was I can do that. On 12-29-2017 at the reconvening of the final parole hearing the following occurred, all charges were dismissed and the parole warrant was ordered to be lifted.

(see Attached) →

Due to the aforementioned plaintiff was supposed to be released Immediately. Due to his new maximum Expiration Date 12-21-2017

Plaintiff was not released until 1-10-18  
Plaintiff returned on 1-9-18 where his warrant was to be lifted by P.R.S. Judy DOE and was informed by her that his maximum Expiration date was Dec 21, 2017.

ALL of the claims stated herein prove that defendants A.L.J. JANE DOE and P.R.S. Judy DOE Knew or should have known their actions would cause plaintiff to be held unjustly and beyond his maximum Expiration Date.

Further, Defendants Knew or should have known about plaintiff's mental Health diagnosis as it was revealed by plaintiff's Attorney John DOE

Being Held beyond his maximum Expiration date due to Defendants actions caused plaintiff undue hardship, mental anguish and other cruel and unusual punishment.

Plaintiff Has a liberty interest to be set free at the end of his term

(see Attached.)

- If the parole violation is not sustained at the final hearing the delinquency is cancelled and no re-adjustment of maximum Expiration date is calculated

Parole Revocation Specialist P.R.S. Judy DOE and Administrative Law Judge A.L.J. Jane DOE were Directly responsible for these actions and was aware of the problem and was deliberately indifferent to the plaintiff's plight.

Greg Wasy J

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

mental Anguish

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

I seek \$50,000

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5-11-19

Dated

[Signature]  
Plaintiff's Signature

Gregory

First Name

G.

Middle Initial

WASHINGTON

Last Name

RNDC C-74 11-11 HAZEN ST.

Prison Address

East Elmhurst NY

County, City

State

11370

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 5-11-19

[Signature] 5/11/19  
ADJANIE CRUZ  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01CR6382139  
Qualified in Bronx County  
Commission Expires October 22, 2022

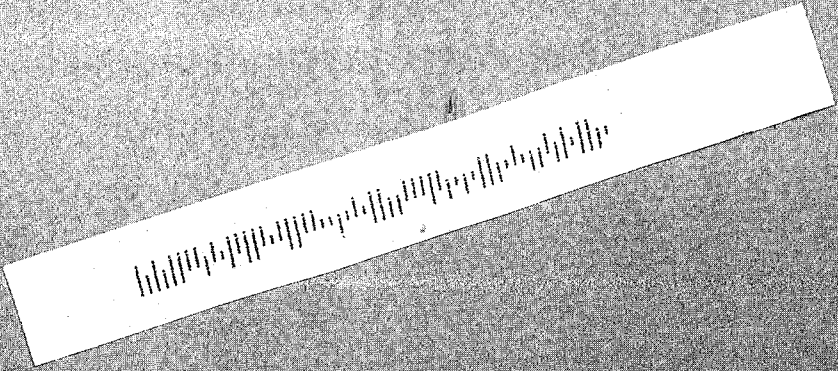


Gregory Washington #344-18-07162

RND C - C-74

11-11-11 Hazen St

East Elmhurst NY 11370

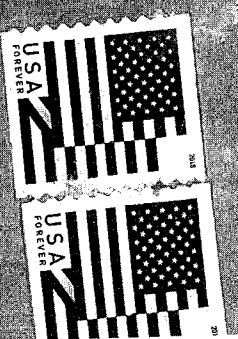


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Office of the Clerk  
Pro Se office

United States District Court for the  
Southern District of New York  
500 Pearl Street - 2nd Fl  
New York N.Y. 10007